

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NAIOP-PAC

Full Name (Last, First, Middle Initial)

A. RELY ON YOUR BELIEFS FUND

Mailing Address 209 PENNSYLVANIA AVENUE, SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Contribution to Leadership Committee

Candidate Name

RELY ON YOUR BELIEFS FUND

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

Transaction ID : SB23.12325

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RYAN FOR CONGRESS

Mailing Address PO BOX 1919

City
JANESVILLEState
WIZip Code
53547Purpose of Disbursement
Contribution

Candidate Name

RYAN FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: WI

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2012

Transaction ID : SB23.12297

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City
PEORIAState
ILZip Code
61612Purpose of Disbursement
Contribution

Candidate Name

SCHOCK FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Transaction ID : SB23.12330

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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